

ISSUE SLIP STAFF AREA (For additional cross references)

4-26

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DB	2205	2-9-99
O.I.P.E. CLASSIFIER		3	2-11-99
FORMALITY REVIEW	CG	696265	3-15-99

INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	..... (Through numeral) Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
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Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
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100	✓	✓	✓

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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